

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10-C31494 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	109					
4	61					
5	109					
6	61					
7	109					
8	61					
9	109					
10	61					
11	109					
12	61					
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48						
49						
50						
TOTAL IND.	1					
TOTAL DEP.	23					
TOTAL CLAIMS	24					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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TOTAL CLAIMS						